



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4543

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/521,113 | <b>FILING OR 371(c)<br/>DATE</b><br>01/12/2005<br><b>RULE</b> | <b>CLASS</b><br>433 | <b>GROUP ART UNIT</b><br>3732 | <b>ATTORNEY DOCKET<br/>NO.</b><br>21547-00301-US1 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Jan Hall, Goteborg, SWEDEN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/SE03/01109 06/26/2003 *mpb*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 02023182 07/25/2002 *mpb*

|   |   |                               |                        |                       |                            |
|---|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>SWEDEN | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>10 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and Acknowledged<br>Examiner's Signature <i>mpb</i> Initials                           |   |                               |                        |                       |                            |

## ADDRESS

30678

## TITLE

Arrangement of two or more implants provided with growth-stimulating substance(s)

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|---|